

**10/594873**

## **Application Data Sheet**

### **Application Information**

**Application number:**

**Filing Date:**

**Application Type:** Regular

**Subject Matter:** Utility

**Suggested Classification:**

**Suggested Group Art Unit:**

**CD-ROM or CD-R:** None

**Number of CD Disks:**

**Number of copies of CDs:**

**Sequence Submission?**

**Computer Readable Form (CRF)?**

**Number of Copies of CRF:**

**Title:** HOT-FILL BOTTLE HAVING FLEXIBLE PORTIONS

**Attorney Docket Number:** CNST-3610

**Request for Early Publication:** No

**Request for Non-Publication:** No

**Suggested Drawing Figure:** n/a

**Total Drawing Sheets:** 10

**Small Entity?:** No

**Latin name:**

**Variety denomination name:**

**Petition included?:** No

**Petition Type:**

**Licensed US Govt. Agency:**

**Contract or Grant Numbers:**

**Secrecy Order in Parent Appl.?:** No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** India  
**Status:** Full Capacity  
**Given Name:** Monis  
**Middle Name:**  
**Family Name:** Bangi.  
**Name Suffix:**  
**City of Residence:** Woodridge  
**State or Province of Residence:** Illinois  
**Country of Residence:** United States of America  
**Street of mailing address:** 7319 Woodward Avenue  
**City of mailing address:** Woodridge  
**State or Province of mailing address:** Illinois  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 60423

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Michael  
**Middle Name:** R  
**Family Name:** Mooney  
**Name Suffix:**  
**City of Residence:** Frankfort  
**State or Province of Residence:** Illinois  
**Country of Residence:** United States of America  
**Street of mailing address:** 21365 Bramble Drive  
**City of mailing address:** Frankfort  
**State or Province of mailing address:** Illinois  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 60423

## Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing  
Address:

Phone number:

Fax number:

## Representative Information

Representative Customer No.: 23377

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/558,790	April 1, 2004
This is		11/091,564	March 28, 2005

## Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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## **Assignee Information**

<b>Assignee name:</b>	Constar International Inc.
<b>Street of mailing address:</b>	One Crown Way
<b>City of mailing address:</b>	Philadelphia
<b>State or Province of mailing address:</b>	Pennsylvania
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	19154